

REFERENCE TITLE: utilization review; dental plans

State of Arizona
House of Representatives
Forty-seventh Legislature
Second Regular Session
2006

HB 2163

Introduced by
Representative Carpenter

AN ACT

AMENDING SECTION 20-2531, ARIZONA REVISED STATUTES; RELATING TO HEALTH CARE APPEALS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 20-2531, Arizona Revised Statutes, is amended to
3 read:

4 20-2531. Applicability: requirements

5 A. Notwithstanding article 1 of this chapter and subject to subsection
6 B of this section, this article applies to all utilization review decisions
7 made by utilization review agents and health care insurers operating in this
8 state.

9 B. Each utilization review agent and each health care insurer
10 operating in this state whose utilization review system includes the power to
11 affect the direct or indirect denial of requested medical or health care
12 services or claims for medical or health care services shall adopt written
13 utilization review standards and criteria and processes for the review,
14 reconsideration and appeal of denials that do all of the following:

- 15 1. Meet the requirements of this article.
- 16 2. Are consistent with chapter 1 of this title.
- 17 3. Comply with section 20-2505, paragraphs 2 through 6.

18 C. This article does not apply to utilization review:

19 1. Performed under contract with the federal government for
20 utilization review of patients eligible for all services under title XVIII of
21 the social security act.

22 2. Performed by a self-insured or self-funded employee benefit plan or
23 a multiemployer employee benefit plan created in accordance with and pursuant
24 to 29 United States Code section 186(c) if the regulation of that plan is
25 preempted by section 514(b) of the employee retirement income security act of
26 1974 (29 United States Code section 1144(b)), but this article does apply to
27 a health care insurer that provides coverage for services as part of an
28 employee benefit plan.

29 3. Of work related injuries and illnesses covered under the workers'
30 compensation laws in title 23.

31 4. Performed under the terms of a policy that pays benefits based on
32 the health status of the insured and does not reimburse the cost of or
33 provide covered services.

34 5. Performed under the terms of a long-term care insurance policy as
35 defined in section 20-1691.

36 6. Performed under the terms of a medicare supplement policy as
37 defined by the department.

38 7. PERFORMED UNDER THE TERMS OF A PREPAID DENTAL PLAN ORGANIZATION
39 AUTHORIZED PURSUANT TO CHAPTER 4, ARTICLE 7 OF THIS TITLE OR UNDER THE TERMS
40 OF A DENTAL INSURANCE PLAN.

41 D. This article does not create any new private right or cause of
42 action for or on behalf of any member. This article provides only an
43 administrative process for a member to pursue an external independent review
44 of a denial for a covered service or claim for a covered service.

45 E. Utilization review activities involving retrospective claims review
46 shall be limited to the provisions of this article only as clearly and
47 specifically provided in the provisions of this article.